

Better Care at a Veterans Administration Medical Center

TO THE EDITOR: Although admitting offices at Veterans Administration medical facilities traditionally provide initial access and episodic care to eligible veterans, the passage of Public Law 93-82 in 1972 radically changed the delivery of care and permitted access to comprehensive, longitudinal and specialized outpatient care for these patients as well. This created considerable stress, not only for the professional staff but also for management.

In 1975 an ambulatory care service of three general internists was established at the Portland Veterans Administration Medical Center. It was then decided to develop a program in the admitting office that could effectively deliver excellent patient care and offer quality teaching. This was based on the premise that emergency units need general internists.¹ In order to accomplish this task it was necessary to obtain the sponsorship from the Medical Service at the Veterans Hospital and the University Department of Medicine, to integrate the teaching program with psychiatry and surgery, and to earn credibility with our patients, subspecialty colleagues, trainees, hospital management and nursing staff. In 1976 four full-time staff positions were converted to three academic faculty and two internal medicine senior resident positions. The following year the Veterans Administration central office granted stipends for five additional housestaff and a rotation for housestaff was initiated.

One of the faculty members in general medicine has ongoing administrative responsibility for the admitting office. For each rotation, there are two medical residents, one psychiatry resident, two interns each from surgery and medicine, one psychiatry intern, and one full-time faculty member from the section of general medicine. Each faculty member serves as attending physician on a three-week rotational basis. The commitment is more extensive than the traditional ward rotation for which all full-time faculty are responsible. Didactic sessions covering a wide spectrum of topics are scheduled daily. The chief of medicine conducts periodic rounds similar to those held on the wards.

The improvement in the delivery of patient care has been recognized by the faculty, nurses and administrative staff. Even the housestaff have become favorably impressed with their patient care and educational experiences in the admitting of-

fice. The once volatile issue of inappropriate and undesirable admissions has notably diminished although it still exists.^{2,3} There is a waiting list for nurses and senior medical students who desire an assignment in the admitting office.

Three factors have contributed to the success of the program. The first is academic integration. The admitting office, no longer isolated, is a unit staffed by faculty and house officers, all of whom are affiliated with a department from the university. Second, the faculty have earned and maintained academic and professional credibility. Third, a critical mass of housestaff and faculty are available to operate an effective program.*

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Nutrition in Geriatric Medicine

TO THE EDITOR: The December 1981 special issue on geriatric medicine arrived just as I was celebrating the beginning of my 60th year of life. I wonder how many besides myself noticed the obituary page—"In Memoriam." Out of the 18 physicians listed, 9, or one half were aged 60 or less. How depressing. Somewhere, there must be a lesson in this.

I was appalled, as usual, that once again, in these learned essays on aging, nutritional factors such as vitamins and minerals were totally neglected. In the whole issue there were three brief references to vitamins: vitamin B₁₂ and folate in the article on anemia, and a very brief mention and immediate disclaimer of vitamin E, in the article "The Cellular Basis of Aging."

Why this disinterest, why this total disregard of readily available information? How can a magazine issue totally devoted to the problems of the aging totally disregard nutritional factors? Why?

Particularly distressing were the two articles on depression and dementia in the aged. The drugs recommended often turn elderly patients into zombies who sit all day, staring into space, defe-